MARYLAND STATE DEPARTMENT OF HEALTH

07099

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 13yrs.3mos. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: None; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: None
STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) - (Last) BOROLAND

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-13-1877

9. AGE last birthday: 72 yrs. If under 1 year: Months 11, Days, Hours, Min.

10a. USUAL OCCUPATION (Give k'nd of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Camden, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Sp-Am

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Sclerosis, severe — Interval between onset and death: Unknown

420.1
94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE: R. C. Dodson M.D. (Degree or title) ADDRESS: Rising Sun Md. DATE SIGNED

R. C. DODSON, M.D., Medical Examiner for Cecil County, Rising Sun, Md. 7-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 7/25/50 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. July 25-50 — REGISTRAR'S SIGNATURE: Ida M. Daugherty act'g Reg

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Earleville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) S. (Last) BUCKLEY
4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1950
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 14, 1865
9. AGE last birthday: 85 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Shaughnessy
14. MOTHER'S MAIDEN NAME: Margaret Knot
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Anna May Wiebe, Earleville, Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary oedema	24 hours
904.0 Antecedent cause(s)	(b) Chronic myocarditis	1 year
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Fracture hip	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) Cecil (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Fell in house

22. I hereby certify that I attended the deceased from Sept, 1949, to July 3, 1950, that I last saw the deceased alive on July 2, 1950, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Chesapeake City Md DATE SIGNED: 7/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: July 5, 1950
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
LOCATION (City, town, or county): Washington (State) D.C.
DATE REC'D BY LOCAL REG.: 7/3/50
REGISTRAR'S SIGNATURE: Mrs Margaret Clemmy
24. FUNERAL DIRECTOR: Edward Fellows. ADDRESS: Millington Md

52086

RECEIVED
JUL 6 1959
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07101

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-A15

1. PLACE OF DEATH: COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Irene (Middle) Delanca (Last) Campbell

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-23-1869

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph P. Gray

14. MOTHER'S MAIDEN NAME: Anna E. Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Samuel Kulvin, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331x Immediate cause (a) Cardiac Failure

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemmorhage (4.)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Herpes Ophthalmicus (4.)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to July 2, 1950, that I last saw the deceased alive on July 2, 1950, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE: W. H. Sadowski — (Degree or title): — ADDRESS: Perryville Md — DATE SIGNED: 3 July '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 5, 1950 — NAME OF CEMETERY OR CREMATORY: Asbury Cemetery — LOCATION (City, town, or county) (State): Port Deposit, RD Md.

DATE REC'D BY LOCAL REG.: July 5, 1950 — REGISTRAR'S SIGNATURE: Ida M. Daugherty, act. Registrar

24. FUNERAL DIRECTOR: Lee A. Patterson & Son. — ADDRESS: Perryville, Md.

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JUL 7 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07102

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Aaron	Dale	Crouch	July	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W	Single	July 16, 1950				22	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Elkton Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Julian Crouch	Virginia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT, AND ADDRESS
		Julian Crouch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-Respiratory Failure	12 hrs
761.5 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity (26 wks)	
760C	(c) Placenta Previa	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 16 July, 1950, to 17 July, 1950, that I last saw the deceased alive on 17 July, 1950, and that death occurred at 4:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George Klein, Jr., MD ADDRESS Elkton Md DATE SIGNED 18 July 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 18, 1950	Cecilton Cemetery	Cecilton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 18	H K Frazer	H. W. Pippin & Son	Elkton Md.

2-0-7-16-0-30-3-30-2

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07103

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point.
LENGTH OF STAY (in this place) 11 mos. 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Street
STREET ADDRESS (If rural, give location) 1423 Ensor Street ✓

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) P. (Last) DONAHUE

4. DATE OF DEATH (Month) July (Day) 10, (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH -- 1872

9. AGE last birthday 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Donahue - deceased

14. MOTHER'S MAIDEN NAME Bridget Reddington - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) Span-Amer.

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, bronchial, bilateral

442X Antecedent cause(s) due to

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular renal diseases

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) --

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from Aug. 4, 1949, to July 10, 1950, ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 5:35 AM m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. July 11, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE 7-11-50

NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. July 11-1950

REGISTRAR'S SIGNATURE Ida M. Daugherty act.

24. FUNERAL DIRECTOR Pennington & Son ADDRESS

PENNINGTON & SON, Havre de Grace, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07104

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) J. (Last) Ennis

4. DATE OF DEATH (Month) 7 (Day) 27 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 5-26-1889

9. AGE last birthday 61 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Salesman

10b. KIND OF BUSINESS OR INDUSTRY Laundry

11. BIRTHPLACE (State or foreign country) Phila Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Nathan Ennis

14. MOTHER'S MAIDEN NAME Catherine Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 185-03-7313

17. INFORMANT AND ADDRESS Helen Ennis Perryville R.I. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Cardiac Failure c̄ Auric Fibrillation	5 yrs
410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Stenosis	years
92b	(c) Old Rheumatic Heart Disease	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to July, 1950, that I last saw the deceased alive on 27 July, 1950, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE W H Sadowsky (Degree or title) ADDRESS Perryville DATE SIGNED 7/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7-31-50

NAME OF CEMETERY OR CREMATORY Westminster

LOCATION (City, town, or county) Phila. Phila (State) Pa

DATE REC'D BY LOCAL REG. 8-2-50

REGISTRAR'S SIGNATURE Ida M. Daugherty

24. FUNERAL DIRECTOR Joseph R. Lynch ADDRESS 27088 North East Md

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AUG. 4 1950
BUREAU V. S

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07105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md
STREET ADDRESS (If rural, give location) Bow St

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (N) (Last) Gaffney
4. DATE OF DEATH (Month) July (Day) 20 (Year) 1950
5. SEX M.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar 15, 1896
9. AGE last birthday 54 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lobster
10b. KIND OF BUSINESS OR INDUSTRY Insecticides
11. BIRTHPLACE (State or foreign country) Phila Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Andrew Gaffney
14. MOTHER'S MAIDEN NAME No Inf.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 719-03-4851
17. INFORMANT AND ADDRESS Mrs David Wilson 505 Lincoln Ave Prospect Park, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Septicemia	5 days
201X Antecedent cause(s)	(b) Multiple Abscesses Chronic	1 year
44b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hodgkins Disease	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to July, 1950, that I last saw the deceased alive on July 19, 1950, and that death occurred at 4:15 A m., from the causes and on the date stated above.

SIGNATURE George J Kneis Jr (Degree or title) M.D. ADDRESS Elkton, Md DATE SIGNED 7/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 26/50
NAME OF CEMETERY OR CREMATORY Catholic
LOCATION (City, town, or county) Elkton, (State) Md

DATE REC'D BY LOCAL REG. July 25
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

98817

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 27 1990
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07106

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:

County: Cecil County

City or town: Bohemia Manor

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 yrs.

Hospital, institution, or street address where death occurred: Bohmeia Manor

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Bohemia Manor

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Bohemia Manor

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Joseph Walter Gibbs.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6.(b) Name of husband or wife: Edith Gibbs

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 3, 1877

8. AGE: Years	Months	Days	If less than one day
73			..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmhand

11. Industry or business

FATHER — 12. Name: Henry Gibbs

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Eliza Boardley

15. Birthplace: Maryland

16. Informant: Elizabeth Gibbs

Address: Bohemia Manor Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/1/50 (month) (day) (year)

Cemetery or crematory: Ebenezer Cemetry

Location: Bohemia Manor, Md.

18. Funeral director: John R Bell

Address: 909 Poplar St., Wilm. Del.

19. August 1st 1950 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1950, at 11:XX M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1950, to July 27 1950 and that I last saw him alive on July 26 1950

Immediate cause of death	DURATION
Cerebral Hemmorhage	7 days
Due to: Hypertension	2 yrs.
Due to: 331 X	
Other conditions: 830	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: James L. Johnson M.D. M. D. or other

Address: Elkton, Md. Date signed 7/28/50

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 2 1950
BUREAU V. S

07107

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East R 1
LENGTH OF STAY (in this place) Lifelong
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East R 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RUTH (Middle) C. (Last) GIFFORD

4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-22-1892
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM MANAGER
10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER
11. BIRTHPLACE (State or foreign country) ZION, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rutledge T. Gifford
14. MOTHER'S MAIDEN NAME Mary Criswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of thyroid gland with metastases to cervical spine and lungs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

194X
55C

INTERVAL BETWEEN ONSET AND DEATH: 12 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to 7 July, 1950, that I last saw the deceased alive on 3 July, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE Klaus H Hubner (Degree or title) M.D. ADDRESS North East, Md DATE SIGNED 10 July '50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 7-10-1950
NAME OF CEMETERY OR CREMATORY ROSEBANK
LOCATION (City, town, or county) (State) CALVERT CEIL Md

DATE REC'D BY LOCAL REG. 7-10-50
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph T. Grant ADDRESS

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1950
BUREAU V. S.

07108

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural give location) Mount Street

3. NAME OF DECEASED (Type or Print) (First) Slater (Middle) A. (Last) Grason

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 29, 1883
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Milk Plant
11. BIRTHPLACE (State or foreign country) Sylmar Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel
14. MOTHER'S MAIDEN NAME Mary Alice Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 216-05-8920
17. INFORMANT Mrs Mattie R. Grason

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Liver

156.1 Antecedent cause(s)

46 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to July 25, 1950, that I last saw the deceased alive on 7-24, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 7/26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 28, 1950
NAME OF CEMETERY OR CREMATORY Brookville
LOCATION (City, town or county) Rising Sun (State) Md

DATE REC'D BY LOCAL REG. July 26-1950
REGISTRAR'S SIGNATURE L M Washington
24. FUNERAL DIRECTOR Ralph M. Reed ADDRESS Rising Sun, Md

988-13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1950
BUREAU

07109

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 221 Mackall St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 221 Mackall St

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Emma (Last) Hammond
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 7-4-1870
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) North East Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Rostrow
14. MOTHER'S MAIDEN NAME Margaret Harding
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Herbert Hammond Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 12 hrs

Antecedent cause(s) (b) Carcinoma of the Cervix (Metastatic) — 3 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Glomerular Nephritis — 3 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis & Diabetes Mellitus — 3 yrs +

260x 171x 48a

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1946, to July, 1950, that I last saw the deceased alive on 15 July, 1950, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE George J Kreis, Jr (Degree or title) MD ADDRESS Elkton, Md DATE SIGNED 17 July 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7-20-50
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) Cherry Hill (State) Md

DATE REC'D BY LOCAL REG. July 18-1950
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1960
BUREAU U. S.

07110

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1403 North Bruce Street

3. NAME OF DECEASED (Type or Print) (First) ROLAND (Middle) E. (Last) HARVEY
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 15, 1921
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 220-09-2728
17. INFORMANT Hospital Record, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolism	Unknown
981 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 166	(b) Bullet wound, left groin	43 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 20, 1950
19b. MAJOR FINDINGS OF OPERATION Bullet, neck of left femur; removed.
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Baltimore (COUNTY) (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) June 17, 1950 UNK. Am.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Altercation

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE (Degree or title) R.C. Dodson D.M.E.
ADDRESS Dr. R.C. DODSON, D.M.E., Cecil County, Rising Sun, Maryland
DATE SIGNED July 30, 1950

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF July 30, 1950
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. Aug 2, 1950
REGISTRAR'S SIGNATURE act Ida M. Daugherty
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS PENNINGTON & SON, HAVRE DE GRACE, MD.

98809

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

07111

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 1 yr, 9 mos. 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C.; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 744 - 19th St., N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	A.	HAWKINS	July	20,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Colored	Single	9-30-1888	61 yrs.	10	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Unknown	Unknown	Washington, D.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW-I	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia, foreign body, trachea	20 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last	(b) due to Defect, acquired, soft palate	
	(c) due to Psychosis, unclassified	

309X
195d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒ *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: R. C. Dodson M.D. (Degree or title) ADDRESS: R. C. DODSON, M.D., Medical Examiner for Cecil County, Rising Sun, Md. DATE SIGNED: July 20, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-21-50	Unknown	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 21, 1950	Ida M. Daugherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

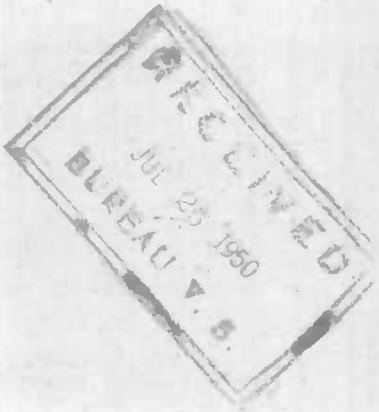
act Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

122.9


RECEIVED
JUL 29 1950
BUREAU V. S.

07112

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
LENGTH OF STAY (in this place) 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3625, 16 St N W.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) E (Last) Hillock.
4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1950

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-20-24
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student.
10b. KIND OF BUSINESS OR INDUSTRY Univ of Md.
11. BIRTHPLACE (State or foreign country) Newark N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward J. Hillock
14. MOTHER'S MAIDEN NAME Ida Madson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Edward J. Hillock.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed face Fracture Comp.

822.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under ying cause last (b) Base of skull. Nuk & Jaw Fracture

170 c of Rt femur & numerous lacerations (c) Crushed chest.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40.
(CITY OR TOWN) North East. (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 7 (Day) 14 (Year) 50 (Hour) 4 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Car turned over on body.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson. (Degree or title) M.D. D.M.E. ADDRESS Rising Sun Md. DATE SIGNED 7-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE THEREOF July 16/50 NAME OF CEMETERY OR CREMATORY Washington D.C. LOCATION (City, town, or county) Wash D.C. (State)

DATE REC'D BY LOCAL REG. 7-16-50 REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR A. W. Pippin & Son ADDRESS Elkton, Md.

XUX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07113

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS R. D. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) V. (Last) HITCHENS

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1950

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 6/23/1866

9. AGE last birthday: 84 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Loud at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cecilton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James K. Bigga

14. MOTHER'S MAIDEN NAME: Jane Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Wm Purdy, R.D. #1 Chesapeake City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

304x Immediate cause (a) Senile psychosis — Interval Between Onset and Death: 5 years

162a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Irantism — 1 week

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1950, to July 27, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 7:23 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. W. Davis M.D. Chesapeake City Md. 7/27/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/30/50	Bethel	Chesapeake City Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 29	E R Frazer	H. W. Pippin & Son	Elkton.

VS. A15

RECEIVED
AUG 1 1950
BUREAU V. S.

07114

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT, MD.
LENGTH OF STAY (In this place) 14½ Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ~~CECIL~~ Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural give location) 730 GREEN STREET

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) B. (Last) HORTON
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1950
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 10-22-1892
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY V.A. Hospital
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John D. Horton - deceased
14. MOTHER'S MAIDEN NAME Elizabeth Ellen Thomas - deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Hospital Records, VA Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL ACCIDENT	Unknown
331 A Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) D.M.E. ADDRESS Rising Sun, Maryland DATE SIGNED 7-4-50

23. BURIAL ~~XXXXXXXX~~ ~~BURIAL~~ REMOVAL (SHIP) ~~XXXXXX~~ 7-5-50
DATE THEREOF 7-8-50
NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery
LOCATION (City, town, or county) (State) Havre De Grace, Md.
DATE REG. 7-5-50
REGISTRAR'S SIGNATURE Ida M. Daugherty act. Reg.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS R. MADISON MITCHELL, HAVRE DE GRACE, MD.

340V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 10 1980
BUREAU V. A.

07115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gold Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS No	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) May (Last) Lester

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1950

5. SEX F — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH May 17 1900 — 9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H W — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Md — 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME W. Elbourn — 14. MOTHER'S MAIDEN NAME Grace Walfort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No — 16. SOCIAL SECURITY No. — 17. INFORMANT Harry Lester

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174x Immediate cause (a) Carcinoma of uterus

Antecedent cause(s)

48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cachexia — Anemia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uterus hemorrhage

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to July 5, 1950, that I last saw the deceased alive on June 29, 1950, and that death occurred at 1115 P m., from the causes and on the date stated above.

SIGNATURE C. Mitchell (Degree or title) M.D. ADDRESS Ludlowville Md DATE SIGNED 7/5/50

23. BURIAL CREMATION REMOVAL (Specify) — DATE July 6-1950 — NAME OF CEMETERY OR CREMATORY Crumpton — LOCATION (City, town, or county) Crumpton (State) Md

DATE REC'D BY LOCAL REG. 7-5-50 — REGISTRAR'S SIGNATURE Mrs Harold W. Cleaver Asst Sec — 24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07116

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 2 yrs. 11 mos. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2404 Halcyon Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	H.	LESLIE	July	27 ,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	Married	3-8-1895	55 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	--	Washington, D.C.	USA

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Virginia Hamilton - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW-I	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia, uremic poisoning	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Peritonitis due to perforated jejunum	
	(c) Cerebrovascular accident	

578 x
129

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-16-50	Same as above	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	---	--		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-- -- m.		--

VA

22. I hereby certify that I attended the deceased from July 30, 1947, to July 27, 1950, that ~~the deceased~~ death occurred at 12:08 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

WILLY OPPER, M.D., Actg. Chief, Professional Services, VAH, Perry Point, Md. 7-27-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-27-50	Unknown	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27-1950	Ida M. Dougherty Asst Reg.	Martin J. Fahey & Sons	MARTIN J. FAHEY & SONS 1318 Light Street, Baltimore, Md.

VS A-1

RECEIVED
JUL 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07117

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 2 mos. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland, COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fallston
STREET ADDRESS (If rural give location): --

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) A. (Last) MEISNER

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 13, 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months 9, Days 7. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Sunnybrook, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew John Meisner - deceased

14. MOTHER'S MAIDEN NAME: Mary Smith - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary insufficiency	Unknown
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to Arter iosclerosis, generalized	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree, title): R. C. Dodson M.D.
ADDRESS: R. C. DODSON, M.D., Medical Examiner for Cecil County, Rising Sun, Md.
DATE SIGNED: 7-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 7-20-50
NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens,
LOCATION (City, town, or county) (State): Bel Air, Maryland

DATE REC'D BY LOCAL REG.: July 20, 1950
REGISTRAR'S SIGNATURE: Ida M. Young Asst. Reg.

24. FUNERAL DIRECTOR: Morton G. Kurtz
ADDRESS: KURTZ & SON FUNERAL HOME, JARRETTSVILLE, MD.

VS. AI5A

RECEIVED
JUL 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07118

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 10 mths; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. D. #2 Elkton; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) E. (Last) Morris

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 13 1894

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Millington Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Lofton

14. MOTHER'S MAIDEN NAME: Addie Walls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: James Morris.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of uterus — Interval between onset and death: 6 mos.

Antecedent cause(s)

1747
4822

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1950, to July 30, 1950, that I last saw the deceased alive on July 30, 1950, and that death occurred at 1:50 P m., from the causes and on the date stated above.

SIGNATURE J. Herbert Baker (Degree or title) M. D. ADDRESS Elkton Md DATE SIGNED July 31-1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Aug. 2, 1950

NAME OF CEMETERY OR CREMATORY Bethel Cemetery

LOCATION (City, town, or county) (State) Near Chesapeake City Md.

DATE REC'D BY LOCAL REG. Aug 1

REGISTRAR'S SIGNATURE J. K. Frazer

24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

VS. A15

RECEIVED
AUG 3 1950
BUREAU F. S

MARYLAND STATE DEPARTMENT OF HEALTH

07119

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural — LENGTH OF STAY (In this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa — COUNTY Lancaster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lancaster
STREET ADDRESS 346 Ice Cleve. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) Franklin (Last) Oatman
4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Married	7-15-1900	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Farm Machinery	Penna.	U.S.A.

13. FATHER'S NAME: John W Oatman
14. MOTHER'S MAIDEN NAME: Ella M. Brown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Virgie F. Oatman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary Occlusion

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr R L Dodson.	D M E	Kirkwood Rd	7-30-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-30-50		Lancaster, Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-31-50	Harold E. Rothermel	Joseph R Shaw	Millers

32660

RECEIVED
AUG 2 1960
BUREAU T. S

M

07120

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH · COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Biddle St	STREET ADDRESS (If rural, give location) Biddle St.

3. NAME OF DECEASED (Type or Print)	(First) Nannie	(Middle) Wright	(Last) Paxson	4. DATE OF DEATH	(Month) July	(Day) 13	(Year) 1950
5. SEX F	6. COLOR OR RACE Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH April 17, 1886	9. AGE last birthday 64 yrs.	If under 1 year Months 2	Days 26	If under 24 hrs. Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Chesapeake City	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas H. Wright		14. MOTHER'S MAIDEN NAME Margaret Keen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Miss Carrie P. Wright	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442x Immediate cause	(a) Cardiac failure	Immediate
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1931, to July 13, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Chesapeake City Md	7/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE July 15-1950	NAME OF CEMETERY OR CREMATORY St. Roses	LOCATION (City, town, or county) Chesapeake City	(State) Md
DATE REC'D BY LOCAL REG. July 16-1950	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR H.W. Pippin & Son	ADDRESS Elkton Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUL 17 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07121

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: World War II

3.(a) FULL NAME: ALBERT RHOADES

3.(b) Social Security Number: 091-01-8704

4. Sex	5. Color or race	6.(d) Single, married, widowed, or divorced
Male	White	Divorced

6.(b) Name of husband or wife: ✓

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 28 1915

8. AGE:

Years	Months	Days	If less than one day
35	4	19	____ hrs. ____ min.

9. Birthplace: McDonough, New Castle, Del.
(Town, county, and state)

10. Usual occupation: Power Shovel Operator

11. Industry or business:

FATHER

12. Name: Charles Rhoades

13. Birthplace: Chesapeake City, Md.

MOTHER

14. Maiden name: Katie McMunn

15. Birthplace: Cecilton, Md.

16. Informant: Charles Rhoades

Address: Elkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 19 1950 (month) (day) (year)

Cemetery or crematory: Bethel Cemetery

Location: Chesapeake City Md.

18. Funeral director: Joseph R. Grant

Address: North East, Md.

19. July 18 19 50 (Date rec'd by registrar) J R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17 19 50, at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 19 50 to July 17 19 50 and that I last saw him alive on July 16 19 50

Immediate cause of death	DURATION
Carcinoma of Stomach	10 months
Due to	
Due to	
Other conditions: Metastases to Liver	

151 x 46 lb

(Include pregnancy within 3 months of death)

Major findings of operation: ____ Date of op. ____

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury: ____ Injured at work?

23. SIGNATURE: James L Johnson M.D.
M. D. or other

Address: Elkton, Md. Date signed 7/20/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUL 20 1950
BUREAU U. S.

07122

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasant Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Piner (Last) ~~DE Schields~~

4. DATE OF DEATH (Month) 7 (Day) 16 (Year) 1950

5. SEX M.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH July 16-50
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 12. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Charles Loyd Schields Edward Piner
14. MOTHER'S MAIDEN NAME Josephine Richardson Martha Louise Cox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Josephine Richardson Martha Louise Cox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature infant

776X Antecedent cause(s) neglect 8 lbs.

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1950, to 7-16, 1950, that I last saw the deceased alive on 7-16, 1950, and that death occurred at 9 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. C. Dodson MD ADDRESS Rising Sun Md DATE SIGNED 7-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 16-50
NAME OF CEMETERY OR CREMATORY Providence
LOCATION (City, town, or county) (State) Elkton Md.

DATE REC'D BY LOCAL REG. July 17
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Ewin R. Dell ADDRESS 903 Replaceable Wil Del

2-0-7-16-0-33-4-30-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07123

CERTIFICATE OF DEATH

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) (Last) Riley

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 27 1877

9. AGE last birthday: 73 yrs. If under 1 year Months. If under 1 day Hours. If under 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rooming House Operator

10b. KIND OF BUSINESS OR INDUSTRY: Emp. by self

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Ferguson

14. MOTHER'S MAIDEN NAME: Emma Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442 Immediate cause	(a) Pulmonary Edema	12 hours
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	2 days
	(c) Hypertensive Cardio Vascular Renal Disease	5 years ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to 18 July, 1950, that I last saw the deceased alive on 18 July, 1950, and that death occurred at 6:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Klaus H Hechner M.D. North East, Md 18 July '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: July 21 '50

NAME OF CEMETERY OR CREMATORY: Western Cem.

LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 7/19/50

REGISTRAR'S SIGNATURE: D.W. Frederick Dy

24. FUNERAL DIRECTOR: William Cook Inc ADDRESS: 1217 St Paul St

71287

VS. A15

Evidence for change of birthdate and addition of parents' names shown on Film G127 7/21/50 dm. Army Discharge and Affidavit.

07124

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 17yrs,8mos,29days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital	STREET ADDRESS (If rural, give location): 5305 Old Frederick Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ERNEST	M.	SHIPLEY	July	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	9-1-~~93~~ 95	54 ~~56~~ yrs.	10	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
~~Unknown~~ Charles E. Shipley	~~Unknown~~ Alice A. Elgin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Embolism — Unk

002 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Tuberculosis Pulmonary, active

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 10-12, 1932, to 7-11, 1950 ~~XXXXXXXXXXXXXXXXXXX~~, that I last saw the deceased ~~XXXXXXXXXXXXXXXXXXX~~ alive on ~~XXXXXXXXXXXXXXXXXXX~~, 19~~XXXX~~, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

VA

SIGNATURE E.P. Brannon (Degree or title) E.P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. ADDRESS — DATE SIGNED 7-11-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-11-50	MOUNT AIREY	CATONSVILLE, MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 11-50	Ida M. Daugherty Act Reg.	MACNABB & SONS	CATONSVILLE, MARYLAND

XVX99

RECEIVED
JUL 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07125

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, Rural
   LENGTH OF STAY (In this place): 25yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Cecil
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, Rural
   STREET ADDRESS (If rural, give location): Coudon Farm

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) N. (Last) Singleton

4. DATE OF DEATH: (Month) (Day) (Year): July 31, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 18, 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Alfred Cullum

14. MOTHER'S MAIDEN NAME: Mary Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
    (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Andrew Singleton, Perryville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemiplegia - Cerebral Hemorrhage (R)	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	3 yrs
	(c) Hypertensive Arteriosclerotic Heart Disease	

260 X 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 47, to Jul, 19 50, that I last saw the deceased alive on 31 July, 19 50, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. H. Sadowsky ADDRESS: Perryville DATE SIGNED: 8/2/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 8-3-1950
NAME OF CEMETERY OR CREMATORY: Mt Zion
LOCATION (City, town, or county) (State): Churchville, Md

DATE REC'D BY LOCAL REG. 8-3-50
REGISTRAR'S SIGNATURE: Ida M. Daughtry per J.

24. FUNERAL DIRECTOR: Lee A. Patterson & Son ADDRESS: Perryville, Md.

RECEIVED
AUG 7 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07126

CERTIFICATE OF DEATH

Reg. Dist. No. 9 V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Warrington

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1950

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 17, 1950

9. AGE last birthday: yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours 7 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Elkton Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Warrington

14. MOTHER'S MAIDEN NAME: Doris Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: James Warrington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval Between Onset and Death: 7 hours.

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
159 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1950 to July 17, 1950 that I last saw the deceased alive on July 17 1950, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE: Dr. H. Spencer (Degree or title) M.D. ADDRESS: Elkton, Maryland DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 18, 1950

NAME OF CEMETERY OR CREMATORY: Elkton Cemetery

LOCATION (City, town, or county) (State): Elkton Md

DATE REC'D BY LOCAL REG.: July 18

REGISTRAR'S SIGNATURE: H. Frazer

24. FUNERAL DIRECTOR: W. W. Pippin & Son ADDRESS: Elkton Md.

2-0-7-17-0-24-1-35-3

RECEIVED
JUL 19 1950
BUREAU V. S.

07127

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.D. 5 — LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.D. 5
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Willard	B	Whitelock.	7	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	Widower	11-17-1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
R.R. Inspector	Rail Inspector	Princess Ann Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick C Whitelock	Annie L Barnard.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Anna W Davis

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Cardiac Dilatation	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last (b)	
(c)	

43443
95c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R.L. Dodson	M.D.	Rising Sun Md	7-8-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 12/50	Silver Brook	Colora, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10	F.H. Frazer	H.W. Tipton & Son	Elkton, Md.

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VS: A15A

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